



Department of Environmental Services

Engineering/Construction Division

300 Park Avenue, Falls Church, VA 22046

Phone: 703-248-5080 (TTY 711) Fax: 703-248-5214

Plumbing Permit Application

Date _____

PERMIT NO. _____

Required fields are marked with ➤ and must be filled in. Please ensure that all required fields have been completed. If you are not using a mechanics' lien agent, please write "None" in that section. If there is no lessee, write "None" in that section.

ADDRESS OF BUILDING

➤ _____ Falls Church, VA ➤
Street Address Zip

APPLICANT/CONTRACTOR INFORMATION

➤ _____ ➤
Name Phone ☐ H. ☐ O. ☐ C.
➤ _____
Address
➤ _____ ➤
City State Zip Code
☐ A. ☐ B. ☐ C.
VA State License Number Class

MECHANICS' LIEN AGENT (Residential Only)

➤ _____ ➤
Name Phone ☐ H. ☐ O. ☐ C.
➤ _____
Address
➤ _____ ➤
City State Zip Code

BUILDING OWNER INFORMATION

➤ _____ ➤
Name Phone ☐ H. ☐ O. ☐ C.
➤ _____
Address
➤ _____ ➤
City State Zip Code

LESSEE INFORMATION

➤ _____ ➤
Name Phone ☐ H. ☐ O. ☐ C.
➤ _____
Address
➤ _____ ➤
City State Zip Code


MASTER PLUMBER

CONTRACT PRICE

➤ Name: _____ ➤ VA State License #: _____ ➤ Expires: _____ ➤ \$

TYPE OF WORK

Qty	Item (indicate individual item quantities where requested, indicate totals in the left column)
	Toilets: _____ Urinals: _____ Bath Tubs/Showers: _____ Lavatories: _____ Sinks: _____ Laundry Tubs: _____ Drains: _____ Drinking Fountains: _____ Dishwashers: _____ Grease Traps: _____ Washing Machines: _____ Other: _____
	Water Pipe: Floors: _____
	Water Service <input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Relocate
	Sewer Service <input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Relocate
	Sewer Cap Off
	Sewage Ejector Pump
	Building Drain/Vent: Sanitary Risers _____ Storm Risers _____



I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws, codes, and ordinances of the City of Falls Church.

➤ _____ ➤
Signature of Applicant Date Address
➤ _____ ➤
Print Name Phone to Call When Permit Ready City State Zip Code

The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703 248-5080, (TTY 711).

OFFICIAL USE ONLY

Approvals

Permit Fee

Zoning _____ Date _____

Building Official _____ Date _____

Base Permit Fee _____

1.75% State Levy _____

Total Permit Fee _____